

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.

PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).

ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.

DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code)

2. TO (Include ZIP Code)
DHR/EDUCATION SERVICES
STONE EDUCATION CENTER
BLDG. 6242 COLORADO AVENUE
JOINT BASE LEWIS-MCCHORD WA 98433-9500

3. FROM (Include ZIP Code)
YOUR UNIT
YOUR UNIT'S PHONE NUMBER

SECTION I - PERSONAL IDENTIFICATION4. NAME (Last, First, MI)
SELF-EXPLANATORY5. GRADE OR RANK/PMOS/AOC
SELF-EXPLANATORY6. SOCIAL SECURITY NUMBER
SELF-EXPLANATORY**SECTION II - DUTY STATUS CHANGE (AR 600-8-6)**

7. The above soldier's duty status is changed from _____ to _____

8. I request the following action (Check as appropriate)

Service School (Enl only)	Special Forces Training/Assignment	Identification Card
ROTC Component Duty	On-the-Job Training (Enl only)	Identification Tags
Volunteering Overseas Service	Retesting in Army Personnel Tests	Separate Rations
Ranger Training	Reassignment Married Army Couples	Leave - Excess/Advance/Outside CONUS
Reassignment Extreme Family Problems	Reclassification	Change of Name/SSN/DOB
Exchange Reassignment (Enl only)	Officer Candidate School	Other (Specify)
Airborne Training	Asgmt of Pers with Exceptional Family Members	X ALCPT

9. SIGNATURE OF SOLDIER (When required)

10. DATE (YYYYMMDD)

SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)**FOR RECLASSIFICATION TO MOS 97E, ACTIVE DUTY PERSONNEL ONLY:**

PLEASE ADD THE FOLLOWING THREE REMARKS TO YOUR 4187:

1. I HAVE NOT TAKEND THIS EXAM WITHIN THE LAST 30 DAYS.
2. WRITE ONE OF THE FOLLOWING: THIS IS AN INITIAL EXAM. **OR** THIS IS A RETEST.
3. SOLDIER'S PERSONAL PHONE NUMBER: _____

FOR RECLASSIFICATION TO MOS 97L ARNG AND USAR PERSONNEL ONLY:

PLEASE ADD THE FOLLOWING THREE REMARKS TO YOUR 4187:

1. LANGUAGE SCORES: LISTENING SKILL LEVEL: _____ READING SKILL LEVEL: _____
2. I HAVE NOT TAKEN THIS EXAM IN THE LAST 30 DAYS.
3. SOLDIER'S PERSONAL PHONE NUMBER: _____

NOTES TO EXAMINEE (DO NOT ADD TO YOUR 4187):

1. THIS REQUEST MUST BE SUBMITTED TO THE APT OFFICE, RM 230, STONE EDUCATION CENTER, NLT 2 WORKING DAYS PRIOR TO THE DESIRED TEST DATE.
2. THE ALCPT IS ADMINISTERED TUESDAYS AT 1350, FRIDAY AT 1430 OR BY APPOINTMENT.
3. APT INFORMATION: 253-967-3889/3357 <http://www.lewis.army.mil/eso/APT/APT.htm>

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

☐ HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED
12. COMMANDER/AUTHORIZED REPRESENTATIVE
REQUIRED13. SIGNATURE
REQUIRED14. DATE (YYYYMMDD)
SELF-EXPLANATORY